



**Compensation and Pension Record
Interchange (CAPRI)**

**CAPRI Templates - Standard Objects,
Phase II**

Release Notes

Patch: DVBA*2.7*151

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Department of Veterans Affairs
Office of Enterprise Development
Management & Financial Systems

Preface

Purpose of the Release Notes

The Release Notes document describes the new features and functionality of the CAPRI Templates - Standard Objects, Phase II (DVBA*2.7*151) patch.

The information contained in this document is not intended to replace the CAPRI User Manual. The CAPRI User Manual should be used to obtain detailed information regarding specific functionality.

Table of Contents

1. Overview	1
1.1 Standardized Panels.....	1
1.2 Template Defect Corrections.....	1
1.3 Template Workflow Documents	1
1.3.1. TRAUMATIC BRAIN INJURY Template Workflow	1
1.3.2. AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION Template Workflow	2
2. Associated Remedy Tickets and New Service Requests	3
3. Functional Overview.....	4
3.1 Standardized Panels.....	4
3.2 Standard Object Templates.....	4
3.3 Defect Fixes without Remedy Tickets.....	4
3.3.1. Defect - Inconsistent report format for non-specific weight changes.....	4
3.3.2. Defect - Missing data on Cardiac Exam report.....	5
3.3.3. Defect - Inconvenient tabbing order on Vital Signs panel.....	5
3.3.4. Defect - GENERAL MEDICAL EXAMINATION template.....	5
3.3.5. Defect - Single digit Tonometry reading not appearing on reports	6
3.3.6. Defect - Incorrect terms on the EPILEPSY AND NARCOLEPSY template.....	6
3.3.7. Defect - When a BLANK TEMPLATE and a MEDICAL OPINION template.....	6
3.3.8. Defect - HYPERTENSION template not clear on METs assessment requirement.....	6
3.3.9. Defect - TRAUMATIC BRAIN INJURY template not prompting for behavioral signs	7
3.3.10. Defect - AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION template	7
4. Enhancements	8
4.1 Standard Object Enhancements	8
4.1.1. Standardized Panels.....	8
4.1.2. AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION Template	15
4.1.3. BRAIN AND SPINAL CORD Template.....	15
4.1.4. COLD INJURY PROTOCOL EXAMINATION Template.....	16
4.1.5. CUSHINGS SYNDROME Template.....	17
4.1.6. DIABETES MELLITUS Template.....	17
4.1.7. GENERAL MEDICAL EXAMINATION Template	17
4.1.8. GULF WAR GUIDELINES Template.....	18
4.1.9. NEUROLOGICAL DISORDERS, MISCELLANEOUS Template.....	18
4.1.10. PERIPHERAL NERVES Template	18
4.1.11. PRISONER OF WAR PROTOCOL EXAMINATION Template	19
4.1.12. SOCIAL AND INDUSTRIAL SURVEY Template	19
4.1.13. SPINE Template.....	19
4.1.14. TRAUMATIC BRAIN INJURY Template.....	20
5. Software and Documentation Retrieval.....	21
5.1 VistA Patch DVBA*2.7*151	21
5.2 User Documentation.....	21

Table of Figures

Figure 4.1.1.1a: History Tab	8
Figure 4.1.1.1b: Trauma.....	9
Figure 4.1.1.1c: Neoplasm.....	9
Figure 4.1.1.2a: Physical Exam Tab	10
Figure 4.1.1.2b: Residuals of Neoplasm.....	10
Figure 4.1.1.2c: Detailed Reflex Exam.....	10
Figure 4.1.1.2d: Sensory Function Exam.....	11
Figure 4.1.1.2e: Detailed Motor Exam	12
Figure 4.1.1.3a: Diagnosis Tab	13
Figure 4.1.1.3b: Employment History	13
Figure 4.1.1.3c: Mental Competency.....	14
Figure 4.1.1.3d: Diagnosis.....	15

1. Overview

1.1 Standardized Panels

Standardized Panels, which contain standardized components known collectively as Standard Objects, have been developed for Compensation & Pension Record Interchange (CAPRI) to standardize the exam questions being asked across Compensation & Pension Worksheet Module (CPWM) templates as they relate to certain body systems.

A major benefit of Standardized Panels, and Standard Objects in general, is the elimination of duplicate data entry for CAPRI CPWM templates that are merged and contain the same set of questions on individual templates. After data has been entered into a Standard Object on one of the merged templates, it will appear on all other merged templates which share its Standard Objects.

Revised report coding for the Standard Objects has also been developed so that the report format for each Standardized Panel or other Standard Object is consistent across templates.

These new Standard Objects will be incorporated into the set of CPWM templates in a three-phase approach. The first phase of this initiative, CAPRI TEMPLATES - STANDARD OBJECTS, PHASE I (Patch DVBA*2.7*142), was released on December 2, 2009. CAPRI TEMPLATES - STANDARD OBJECTS, PHASE II (Patch DVBA*2.7*151) is the second phase of the initiative.

1.2 Template Defect Corrections

Several modifications have been made to templates to correct both functional and textual defects. The affected templates include:

- AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION
- BLANK TEMPLATE
- EPILEPSY AND NARCOLEPSY
- EYE EXAMINATION
- GENERAL MEDICAL EXAMINATION
- GULF WAR GUIDELINES
- HYPERTENSION
- PRISONER OF WAR PROTOCOL EXAMINATION
- TRAUMATIC BRAIN INJURY

1.3 Template Workflow Documents

Template workflow documents provide an overview of the contents found on a CAPRI template and serve as a workflow process guide.

1.3.1. TRAUMATIC BRAIN INJURY Template Workflow

The TRAUMATIC BRAIN INJURY Template Workflow document has been updated to include changes made by patch DVBA*2.7*151 (CAPRI Templates - Standard Objects, Phase II). The TRAUMATIC BRAIN INJURY Template Workflow document revisions correspond to the TRAUMATIC BRAIN INJURY template changes detailed in section 3.

1.3.2. AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION Template Workflow

The AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION Template Workflow document is being nationally released as an initial version.

2. Associated Remedy Tickets and New Service Requests

There are no Remedy tickets or New Service Requests associated with the CAPRI Templates - Standard Objects, Phase II (DVBA*2.7*151) patch.

3. Functional Overview

The following is an overview of the changes and primary functionality that will be delivered in this patch.

3.1 Standardized Panels

Content for a number of Standardized Panels has been approved by the Veterans Benefits Administration Veterans Affairs Central Office (VBAVACO). They are listed here, grouped by the template tab page to which each is related:

- HISTORY - Trauma, Neoplasm
- PHYSICAL EXAM - Residuals of Neoplasm, Motor Function, Sensory Function, Reflexes
- DIAGNOSIS - Employment History, Financial Affairs, Diagnosis

3.2 Standard Object Templates

This patch adds the Standard Objects listed above to the following templates, if they apply.

- AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION
- BRAIN AND SPINAL CORD
- COLD INJURY PROTOCOL EXAMINATION
- CUSHINGS SYNDROME
- DIABETES MELLITUS
- GENERAL MEDICAL EXAMINATION
- GULF WAR GUIDELINES
- NEUROLOGICAL DISORDERS, MISCELLANEOUS
- PERIPHERAL NERVES
- PRISONER OF WAR PROTOCOL EXAMINATION
- SOCIAL AND INDUSTRIAL SURVEY
- SPINE
- TRAUMATIC BRAIN INJURY

3.3 Defect Fixes without Remedy Tickets

The following defects that were reported directly to the CAPRI development team are being addressed:

3.3.1. Defect - Inconsistent report format for non-specific weight changes

Problem

On several templates, weight changes without a specified quantity appear on reports with inconsistent formats.

Solution

On the following templates: AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION; COLD INJURY PROTOCOL EXAMINATION; DIABETES MELLITUS; GENERAL MEDICAL EXAMINATION; GULF WAR GUIDELINES;

HYPERTENSION; NEUROLOGICAL DISORDERS, MISCELLANEOUS; PRISONER OF WAR PROTOCOL EXAMINATION; TRAUMATIC BRAIN INJURY, weight changes without a specified quantity will appear on reports as:

"WEIGHT CHANGE: Gain - baseline percentage change not provided." or "WEIGHT CHANGE: Loss - baseline percentage change not provided."

3.3.2. Defect - Missing data on Cardiac Exam report

Problem

On the DIABETES MELLITUS, GENERAL MEDICAL EXAMINATION, GULF WAR GUIDELINES, HYPERTENSION, and PRISONER OF WAR PROTOCOL EXAMINATION templates, Physical Exam Tab, the Cardiac Exam section of the report does not display information entered into the "Describe and state significance of extra heart sounds noted:" memo box unless "Other" is selected in the "Extra heart sounds:" list box.

Solution

The Cardiac Exam report on these templates has been altered so that information entered into the "Describe and state significance of extra heart sounds noted:" memo box is included in the report, whether or not "Other" is selected in the "Extra heart sounds:" list box.

3.3.3. Defect - Inconvenient tabbing order on Vital Signs panel

Problem

On the GENERAL MEDICAL EXAMINATION, GULF WAR GUIDELINES, and PRISONER OF WAR PROTOCOL EXAMINATION templates, the tabbing order on the Vital Signs panel is inconvenient for clinicians. This issue was raised by Dr. Sven Ljaamo of the VA Healthcare Network Upstate New York.

Solution

On these templates, the tabbing order on the Physical Exam tab, Vital Signs panel has been changed to facilitate data entry during exams.

3.3.4. Defect - GENERAL MEDICAL EXAMINATION template is missing the Mental Competency panel on the Diagnosis tab

Problem

On the GENERAL MEDICAL EXAMINATION template, the Mental Competency panel (Capacity to Handle Financial Affairs button) is missing from the Diagnosis tab.

Solution

The Mental Competency panel has been restored to the Diagnosis tab of the GENERAL MEDICAL EXAMINATION template.

3.3.5. Defect - Single digit Tonometry reading not appearing on reports

Problem

On the EYE EXAMINATION template, Physical Exam tab, Tonometry section, a single digit pressure reading entered into the Right or Left Eye Pressure input box does not appear on reports.

Solution

The EYE EXAMINATION template, Physical Exam tab, Tonometry section, has been changed so that single digit entries in the Right or Left Eye Pressure input box will appear on reports.

3.3.6. Defect - Incorrect terms on the EPILEPSY AND NARCOLEPSY template

Problem

On the EPILEPSY AND NARCOLEPSY template, the terms "conclusive" and "non-conclusive" appear where "convulsive" and "non-convulsive" are the correct terms.

Solution

The EPILEPSY AND NARCOLEPSY template has been edited. The term "non-conclusive" has been replaced with "non-convulsive". The term "conclusive" has been replaced with "convulsive".

3.3.7. Defect - When a BLANK TEMPLATE and a MEDICAL OPINION template are merged, unintended data sharing occurs

Problem

When a BLANK TEMPLATE and MEDICAL OPINION template are merged, data entered in the BLANK TEMPLATE, Free Text area appears in the MEDICAL OPINION template, Medical Opinion Summary text area (and vice versa).

Solution

This patch eliminates the overlap. Data entered in either the BLANK TEMPLATE, Free Text area or the MEDICAL OPINION template, Summary text area no longer appears in the other.

3.3.8. Defect - HYPERTENSION template not clear on METs assessment requirement

Problem

The METs information on the HYPERTENSION template was confusing to some providers as to whether or not METs assessment is needed for hypertension due to the Note to Examiners instructions located within the Cardiac Exam panel on the Physical Exam tab.

Solution

On the HYPERTENSION template the following two changes were made:

- Test tab, the "Stress test results: METs" section has been removed from the template.

- Physical Exam tab, Cardiac Exam panel, the Examiners Note has been modified to remove METs exercise testing from the note.

3.3.9. Defect - TRAUMATIC BRAIN INJURY template not prompting for behavioral signs due to co-morbidity or TBI

Problem

The TRAUMATIC BRAIN INJURY template is not adequately prompting examiners to indicate whether behavioral signs and symptoms are due to a co-morbid mental disorder or to TBI.

Solution

On the TRAUMATIC BRAIN INJURY template, Physical Exam tab, when the examiner answers “Yes” to the question “Psychiatric Manifestations Present?”, a pop-up message is presented: “When a mental disorder is present, state, or ask the mental disorders examiner to state, to the extent possible, which emotional/behavioral signs and symptoms are part of a co-morbid mental disorder and which represent residuals of TBI. If it is not possible to make such a determination without speculation, so state.”

3.3.10. Defect - AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION template contains repetitious questions about lower extremity functional limitations

Problem

The AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION template, Physical Exam tab, Lower Extremities Functional Limitations form, contains repetitious questions. Input options provided by selecting "Other" from either the Right or Left lower extremity functional limitations list box and associated "Describe functional restrictions..." memo box are already available using the "Are there other functional limitations of the lower extremity" buttons and "Describe other functional limitations" memo box.

Solution

Remove "Other" as an option under Right and Left lower extremities functional limitations. Remove "Describe functional restrictions..." memo boxes under the Right and Left lower extremities functional limitations list boxes.

4. Enhancements

The following section is an overview of the enhancements that have been added in the CAPRI Templates - Standard Objects, Phase II (DVBA*2.7*151) patch.

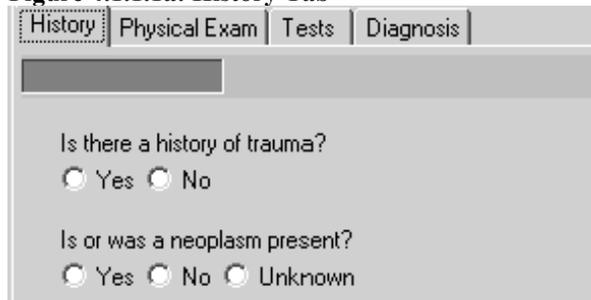
4.1 Standard Object Enhancements

4.1.1. Standardized Panels

The Veterans Benefits Administration Veterans Affairs Central Office (VBAVACO) approved the content for the Standardized Panels. These Standardized Panels were applied to the CAPRI CPWM template History tab, Physical Exam tab, and Diagnosis tab for thirteen templates in Standard Objects Phase II.

4.1.1.1. Standardized History Tab

Figure 4.1.1.1a: History Tab



The screenshot shows a tabbed interface with four tabs: History, Physical Exam, Tests, and Diagnosis. The History tab is selected and active. Below the tabs, there is a dark gray header bar. The main content area contains two questions with radio button options:

- Is there a history of trauma?
 Yes No
- Is or was a neoplasm present?
 Yes No Unknown

Figure 4.1.1.1b: Trauma

SO: Trauma

Type of injury and cause:

Specific body part(s) injured:

Date injured:

Trauma summary:

Figure 4.1.1.1c: Neoplasm

SO: Neoplasm

Is or was it a malignant neoplasm: Yes No Unknown

Exact date (day, month, year) of last anti-neoplastic treatment:

Exact diagnosis:

Location of neoplasm:

Type(s) of treatment:

Other comments:

Date of diagnosis:

Dates of treatment(s):

Has treatment been completed:
 Yes No Unknown

Summary of neoplasms:

4.1.1.2. Standardized Physical Exam Tab

Figure 4.1.1.2a: Physical Exam Tab



Figure 4.1.1.2b: Residuals of Neoplasm

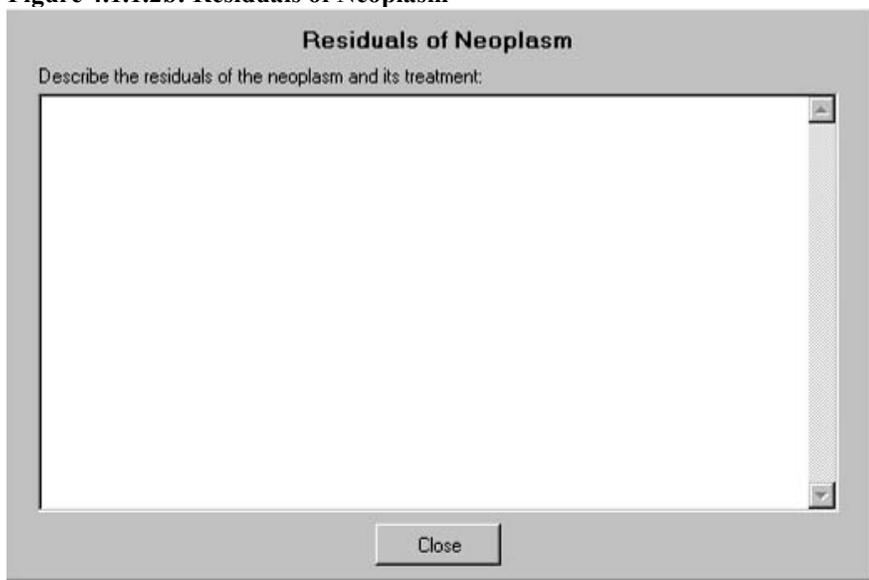


Figure 4.1.1.2c: Detailed Reflex Exam

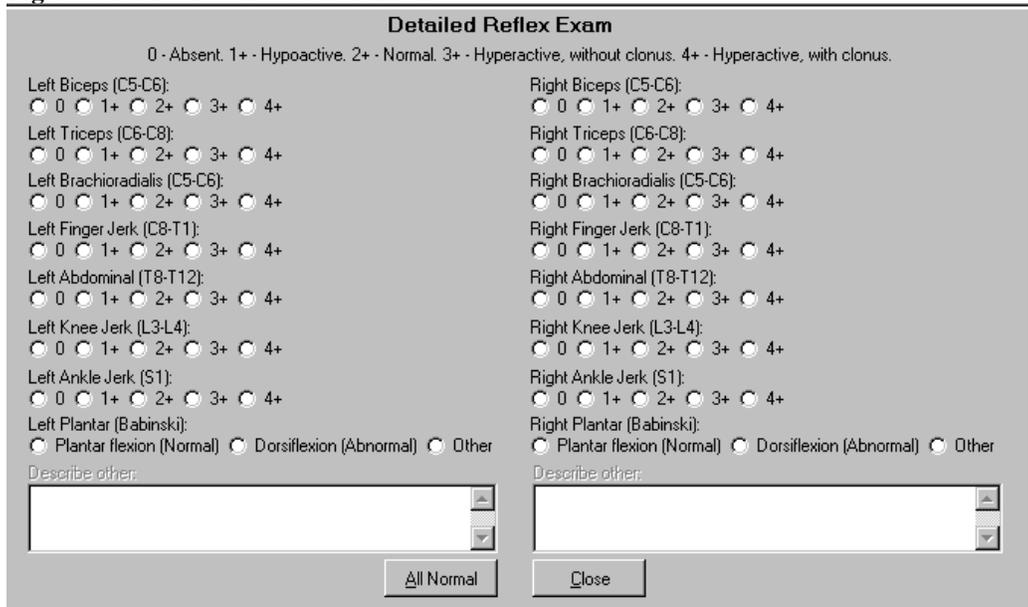


Figure 4.1.1.2d: Sensory Function Exam

Sensory Function Exam

State location(s) tested and whether sensation is normal, decreased, or absent for all extremities.

Side: Right Left Extremity: Upper Lower Affected nerve(s):

Sensory Exam

<p>Vibration: <input type="radio"/> Normal <input type="radio"/> Decreased <input type="radio"/> Absent Location of any abnormality: <input type="text"/></p> <p>Position sense: <input type="radio"/> Normal <input type="radio"/> Decreased <input type="radio"/> Absent Location of any abnormality: <input type="text"/></p> <p>Other (if tested): <input type="radio"/> Normal <input type="radio"/> Decreased <input type="radio"/> Absent Sensory function tested: <input type="text"/> Location of any abnormality: <input type="text"/></p>	<p>Pain/pinprick: <input type="radio"/> Normal <input type="radio"/> Decreased <input type="radio"/> Absent Location of any abnormality: <input type="text"/></p> <p>Light touch: <input type="radio"/> Normal <input type="radio"/> Decreased <input type="radio"/> Absent Location of any abnormality: <input type="text"/></p> <p>Are there dysesthesias: <input type="radio"/> Yes <input type="radio"/> No Location and description of dysesthesias: <input type="text"/></p>
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Summary of sensory exam:

Figure 4.1.1.2e: Detailed Motor Exam

Detailed Motor Exam	
0 - Total Paralysis 1 - Palpable or visible contraction, 2 - Active movement gravity eliminated, 3 - Active movement against gravity 4 - Active movement against some resistance, 5 - Active movement against full resistance	
Left	Right
Elbow Flexion (C5-C6), Musculocutaneous N. (Biceps Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Elbow Flexion (C5-C6), Musculocutaneous N. (Biceps Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Elbow Extension (C6-C8), Radial N. (Triceps Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Elbow Extension (C6-C8), Radial N. (Triceps Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

Wrist Flexion (C6-C8), Radial N., Median N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Wrist Flexion (C6-C8), Radial N., Median N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Wrist Extension (C6-C8), Radial N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Wrist Extension (C6-C8), Radial N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

Finger Flexors (C7-8, T1), Ulnar N., Median N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Finger Flexors (C7-8, T1), Ulnar N., Median N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Finger Abduction (C8, T1), Ulnar N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Finger Abduction (C8, T1), Ulnar N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Thumb Opposition (C8, T1), Median N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Thumb Opposition (C8, T1), Median N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

Hip Flexion (L1-3), Femoral N. (Iliopsoas Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Hip Flexion (L1-3), Femoral N. (Iliopsoas Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Hip Extension (L5, S1-2), Inferior Gluteal N. (Gluteus Maximus Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Hip Extension (L5, S1-2), Inferior Gluteal N. (Gluteus Maximus Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

Knee Flexion (L4, L5, S1, S2), Sciatic N. (Hamstrings) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Knee Flexion (L4, L5, S1, S2), Sciatic N. (Hamstrings) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Knee Extension (L1-3), Femoral N. (Quadriceps Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Knee Extension (L1-3), Femoral N. (Quadriceps Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

Ankle Dorsiflexion (L4-5, S1), Deep Peroneal N. (Tibialis Anterior Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Ankle Dorsiflexion (L4-5, S1), Deep Peroneal N. (Tibialis Anterior Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Ankle Plantar Flexion (S1-2), Tibial N. (Gastrocnemius, Soleus Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Ankle Plantar Flexion (S1-2), Tibial N. (Gastrocnemius, Soleus Muscle) <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

Great Toe Extension (L4-5, S1), Deep Peroneal N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	Great Toe Extension (L4-5, S1), Deep Peroneal N. <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
Describe any other motor impairment, the muscle strength, and the affected nerve: <input style="width: 100%; height: 20px;" type="text"/>	
Is muscle tone normal? <input type="radio"/> Yes <input type="radio"/> No	Describe abnormal muscle tone: <input style="width: 100%; height: 20px;" type="text"/>
Is there any muscle atrophy? <input type="radio"/> Yes <input type="radio"/> No	Give measurements of both sides for comparison: <input style="width: 100%; height: 20px;" type="text"/>
<input type="button" value="All Normal"/> <input type="button" value="Close"/>	

4.1.1.3.

4.1.1.4. Standardized Diagnosis Tab

Figure 4.1.1.3a: Diagnosis Tab

Was a Medical Opinion Requested?
 Yes No

Employment	Capacity to Handle Financial Affairs	Diagnosis
------------	--------------------------------------	-----------

Figure 4.1.1.3b: Employment History

Employment History

Usual occupation:

Is veteran currently employed: Yes No

Current occupation:

Type of employment: Duration of current employment:

Time lost from work during last 12-month period:

Cause(s) of time lost from work in last 12-month period:

Other occupational history since discharge (with dates) or since last exam if this is a review exam:

Retired or unemployed

Is veteran retired: Yes No

Date of retirement:

Cause of retirement:

Eligible by age or duration of work
Medical (physical problem)
Medical (psychiatric problem)
Other

Specify medical (physical) problems:

Specify psychiatric problems:

Other cause of retirement:

Is veteran unemployed but not retired: Yes No

Duration of current unemployment:

Reasons given for unemployment:

Close

Figure 4.1.1.3c: Mental Competency

Aid and Attendance: Mental Competency

NOTE: mental competency, for VA benefits purposes, refers only to the ability of the veteran to manage VA benefit payments in his or her own best interest, and not to any other subject. Mental incompetency, for VA benefits purposes, means that the veteran, because of injury or disease, is not capable of managing benefit payments in his or her best interest. In order to assist raters in making a legal determination as to competency, please address the following questions:

Does the veteran know the amount of his/her benefit payment: <input type="radio"/> Yes <input type="radio"/> No	Does the veteran prudently handle payments: <input type="radio"/> Yes <input type="radio"/> No
Does the veteran know the amounts of his/her monthly bills: <input type="radio"/> Yes <input type="radio"/> No	Does the veteran personally handle money and pay bills: <input type="radio"/> Yes <input type="radio"/> No

Do you view the veteran as capable of managing his/her financial affairs:
 Yes No

Please provide example(s) to support your conclusion

Do you believe a Social Work assessment is necessary to make this determination
 Yes No

Please explain why:

Figure 4.1.1.3d: Diagnosis

4.1.2. AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION Template

The following Standard Object was added to the AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION template:

4.1.2.1. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Mental Competency

4.1.3. BRAIN AND SPINAL CORD Template

The following Standard Objects were added to the BRAIN AND SPINAL CORD template:

4.1.3.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm

4.1.3.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Detailed Motor Exam
- Sensory Function Exam
- Detailed Reflex Exam

4.1.3.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Mental Competency
- Diagnosis

4.1.4. COLD INJURY PROTOCOL EXAMINATION Template

The following Standard Objects were added to the COLD INJURY PROTOCOL EXAMINATION template:

4.1.4.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm

4.1.4.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Detailed Motor Exam
- Sensory Function Exam
- Detailed Reflex Exam

4.1.4.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.5. CUSHINGS SYNDROME Template

The following Standard Objects were added to the CUSHINGS SYNDROME template:

4.1.5.1. History Tab

Standardized Panels for the History tab include:

- Neoplasm

4.1.5.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Detailed Motor Exam

4.1.5.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History

4.1.6. DIABETES MELLITUS Template

The following Standard Objects were added to the DIABETES MELLITUS template:

4.1.6.1. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Detailed Motor Exam
- Sensory Function Exam
- Detailed Reflex Exam

4.1.7. GENERAL MEDICAL EXAMINATION Template

The following Standard Objects were added to the GENERAL MEDICAL EXAMINATION template:

4.1.7.1. Physical Exam Tab

Standardized Panels under the Neuro button on the Physical Exam tab include:

- Detailed Motor Exam
- Sensory Function Exam
- Detailed Reflex Exam

4.1.7.2. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Mental Competency

4.1.8. GULF WAR GUIDELINES Template

The following Standard Objects were added to the GULF WAR GUIDELINES template:

4.1.8.1. Physical Exam Tab

Standardized Panels under the Neuro button on the Physical Exam tab include:

- Detailed Motor Exam
- Sensory Function Exam
- Detailed Reflex Exam

4.1.9. NEUROLOGICAL DISORDERS, MISCELLANEOUS Template

The following Standard Objects were added to the NEUROLOGICAL DISORDERS, MISCELLANEOUS template:

4.1.9.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm

4.1.9.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm

4.1.9.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.10. PERIPHERAL NERVES Template

The following Standard Objects were added to the PERIPHERAL NERVES template:

4.1.10.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm

4.1.10.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Detailed Motor Exam
- Sensory Function Exam
- Detailed Reflex Exam

4.1.10.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History

4.1.11. PRISONER OF WAR PROTOCOL EXAMINATION Template

The following Standard Objects were added to the PRISONER OF WAR PROTOCOL EXAMINATION template:

4.1.11.1. Physical Exam Tab

Standardized Panels under the Neuro button on the Physical Exam tab include:

- Detailed Motor Exam
- Sensory Function Exam
- Detailed Reflex Exam

4.1.12. SOCIAL AND INDUSTRIAL SURVEY Template

The following Standard Objects were added to the SOCIAL AND INDUSTRIAL SURVEY template:

4.1.12.1. Summary Tab

Standardized Panel for the Summary tab includes:

- Employment History

4.1.13. SPINE Template

The following Standard Objects were added to the SPINE template:

4.1.13.1. History Tab

Standardized Panels for the History tab include:

- Trauma
- Neoplasm

4.1.13.2. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Residuals of Neoplasm
- Detailed Motor Exam
- Sensory Function Exam
- Detailed Reflex Exam

4.1.13.3. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Diagnosis

4.1.14. TRAUMATIC BRAIN INJURY Template

The following Standard Objects were added to the TRAUMATIC BRAIN INJURY template:

4.1.14.1. Physical Exam Tab

Standardized Panels for the Physical Exam tab include:

- Detailed Motor Exam
- Sensory Function Exam
- Detailed Reflex Exam

4.1.14.2. Diagnosis Tab

Standardized Panels for the Diagnosis tab include:

- Employment History
- Mental Competency
- Diagnosis

5. Software and Documentation Retrieval

5.1 VistA Patch DVBA*2.7*151

The VistA software is being distributed as a PackMan patch message through the National Patch Module (NPM). The KIDS build for this patch is DVBA*2.7*151.

5.2 User Documentation

The user documentation for this patch may be retrieved directly using FTP. The preferred method is to FTP the files from:

REDACTED

This transmits the files from the first available FTP server. Sites may also elect to retrieve software directly from a specific server as follows:

OI&T Field Office	FTP Address	Directory
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED
REDACTED	REDACTED	REDACTED

The following files will be available:

File Name	Format	Description
DVBA_27_P151_RN.PDF	Binary	Release Notes
DVBA_27_P151_TBI_WF.PDF	Binary	TRAUMATIC BRAIN INJURY Workflow
DVBA_27_P151_A_AND_A_WF.PDF	Binary	AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION Workflow

Documentation may also be retrieved from the VistA Documentation Library (VDL) on the Internet at the following address. This web site is usually updated within 1-3 days of the patch release date. <http://www.va.gov/vdl/application.asp?appid=133>